

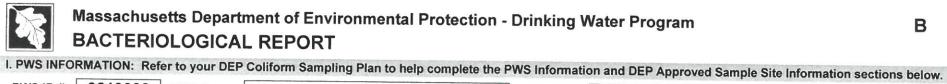
Massachusetts Department of Environmental Protection - Drinking Water Program BACTERIOLOGICAL REPORT

I. P. VV.	INFORIN	ATION: Ret	er to your D	EP Coliform	Sampling	Plan to hel	p complete	the PWS	Information	and DE	P Approved	Sample	Site Information se	ections below
PWS	ID #:		PWS Name	: NORTH	READING V	WATER DE	PARTMEN		ity/Town:		READING, I			NTNC TNC
II. ANA	LYTICAL	INFORMAT	ION: Refer to	your Mass	DEP state	ab certific	ate for pro			d contific	d mothed	WAU _	Class. CON []	AINC INC
Prima	ary Lab M	A Cert.#:		Primary	Lab Name:		The state of the s	- Lub II	IA OCI C.# aill	a cerune				
		//A Cert.#:	MA-005	_	alysis Lab:	Andoveria	Vater Plant L				Subco	ontracte	d? (Y/N):	
			d Report ☐ Co											
	Method							: Resam	ple Reanalysis	Report	Correction (2) C	Collection	Date of Original Sample	c
	9223B		9223B	Fecal Co			thod	Lah Sai	mple Notes:					
						9215	В		iipic Notes.					
DEP	DEP	VED SAMPLE	SITE INFORM	IATION¹	TOTAL	E.COLI or	CHLORINE	HPC	COLLECTION		ANALY	SIS	COLLECTED BY	Multiple of Sayana
Sample Type ^{1,3}	Location Code #1	4	proved SAMPLE LOCATION1		COLIFORM RESULT ^{4,5}	FECAL RESULT ^{4,5}	RESULT ² mg/L	RESULT ² # cfu/mL	DATE	TIME	DATE	TIME		LAB SAMPLE ID#
RS	001		N COUNTRY		Α			4	10/11/2016	12:30	10/11/2016	13:15	M. DAUPHINE	W/UU101116
RS	007		ADING HIGH	SCHOOL	Α .			2	10/11/2016	11:25	10/11/2016	13:15	M. DAUPHINE	WHH101116 N14101116
RS	003	HOOD SCH			Α			0	10/11/2016	10:50	10/11/2016	13:15	M. DAUPHINE	77K101116
RS	004	CVS DRUG			Α			1	10/11/2016	10:15	10/11/2016	13:15	M. DAUPHINE	SB4101116
RS	005		COUNTRY C	LUB	Α			2	10/11/2016	09:40	10/11/2016	13:15	M. DAUPHINE	U72101116
RS RS	006	TEMPLE O			A			3	10/11/2016	08:55	10/11/2016	13:15	M. DAUPHINE	AB89101116
Ro	800	SWAN PON	ND TANK		A	1		2	10/11/2016	11:55	10/11/2016	13:15	M. DAUPHINE	88101116
														+
-														
³ Sample T	ype: RS-Rou	itine Distribution	· ·	ginal Site Repea	it, UR-Upstream	Repeat, DR-[Downstream R	nenever chic epeat, AR-A	orine residual is <u>n</u> dditional Repeat	ot detected	at the sample site	n cc cna	cial Sample	
information	der penaities o contained hi	of law that I am erein is true, acc	the person autho curate and comple	rized to fill out to	hin form and the		Laborator	y Authori	zed Signatur	e and Date:	Olai (au	results by the end of the	10/13/16
DEP F	Review St	tatus:	☐ Accepted	☐ Disappro	ved	Review C	omments:							1 10
			1											



Massachusetts Department of Environmental Protection - Drinking Water Program BACTERIOLOGICAL REPORT

I. PWS	INFORM	ATION: Ref	er to your DE	P Coliform	Sampling I	Plan to help	complete	the PWS	Information	and DE	P Approved S	Sample	Site Information se	ections below	
PWS	ID #:			: NORTH					ity/Town:		READING, N		Class: COM 🗌 N		
II. ANA	LYTICAL	INFORMAT	ION: Refer to	your Mass	DEP state I	ab certifica	te for prop	per Lab M	A Cert.# and			la serie			
	ary Lab M.				ab Name:							ntracte	12 (V/N).	1	
Analysis Lab MA Cert.#: MA-005 Analysis						/sis Lab: Andover Water Plant Lab									
☑ Origin	al Report [Resubmitted	Report Co	nfirmation Rep	ort (1)	Reason for R	esubmission	Resamo	le ∏ Reanalysis	□ Report	Correction (2) C	'allection I	Date of Original Sample		
	Method		oli Method	Fecal Co		HPC Me					(2)	- CHECHON I	Date of Original Sample		
	9223B 9223B						9215B		Lab Sample Notes:						
DE	P APPRO	/ED SAMPLE	SITE INFORM	ATION¹	TOTAL			LIDG COLL		TION	ANALY	616			
DEP Sample Type ^{1,3}	DEP Location Code #1	DEP App	EP Approved SAMPLE LOCATION1			E.COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID #	
RS	001	THOMPSO	N COUNTRY	CLUB	Α			1	10/18/2016	13:00	10/18/2016	14:00	M. DAUPHINE	BMC101816	
RS	007	NORTH RE	ADING HIGH	SCHOOL	Α			2	10/18/2016	12:00	10/18/2016	14:00	M. DAUPHINE	7KX101816	
RS	003	HOOD SCH			Α			1	10/18/2016	11:15	10/18/2016	14:00	M. DAUPHINE	ML6101816	
RS	004	CVS DRUG			Α			4	10/18/2016	10:00	10/18/2016	14:00	M. DAUPHINE	25P101816	
RS	005		COUNTRY C	LUB	Α			1	10/18/2016	09:30	10/18/2016	14:00	M. DAUPHINE	C12101816	
RS	006	TEMPLE O			Α			5	10/18/2016	10:00	10/18/2016	14:00	M. DAUPHINE	22M101816	
RS	800	SWAN PO	ND TANK		Α			2	10/18/2016	12:30	10/18/2016	14:00	M. DAUPHINE	8d4101816	
-															
							-								
												-			
														-	
³ Sample 1 ⁴ Report a ⁵ Collect a	Type: RS-Rous #/100 mL, F	utine Distribution (present) ,A (a imber of repeat	beent) or Too Nu	ginal Site Repea merous To Cou hours of labora	tes and at the st, UR-Upstream nt: TNTC-I (invitory notification	same time as to n Repeat, DR-I alid) or TNTC-I for coliform-po	otal coliform, w Downstream R P (present). Ositive or invali	henever chlo epeat, AR-A d samples. N	orine residual is <u>r</u> dditional Repeat,	not detected RW-Raw V routine or r	at the sample site Vater, PT-Plant Ta	p, SS-Spe	cfal Sample results by the end of the	business day.	
	20163 (2203) 221 (21)		and dompi	to the best E	Alone of the Kho	meuye.				Date:	Cla	1	auter 10	120/16	
DEP F	Review S	tatus:	☐ Accepted	Disappro	ved	Review C	ew Comments:								



PWS ID #:

3213000

Massachusetts Department of Environmental Protection - Drinking Water Program **BACTERIOLOGICAL REPORT**

PWS Name: NORTH READING WATER DEPARTMENT

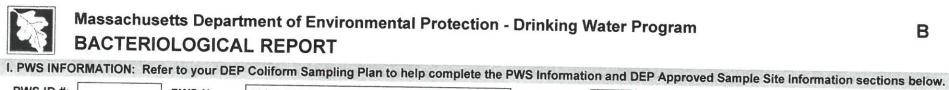
Primary Lab MA Cert.#: Primary La										Subco	ntracted	12 (Y/N):	n er en
Analy	sis Lab M	IA Cert.#: MA-00	lysis Lab:	Andover W	Subcontracted? (Y/N):								
Origin	al Report [Resubmitted Report []	Confirmation Rep	ort (1)	Reason for R	esubmission:	Resamp	le □ Reanalysis	□ Report	Correction (2) C	ollection I	Date of Original Sample:	
TC	Method	E.Coli Method	liform	HPC Method 9215B					(2)				
9222	B+9223B					Lab Sample Notes:		8					
	P APPROV	ED SAMPLE SITE INFOR	RMATION1	TOTAL		2 2 2 2 2		COLLECT	ION	ANAL VEIS			
mple pe ^{1,3}	DEP Location Code #1	DEP Approved SAMPL	DEP Approved SAMPLE LOCATION ¹		E.COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	DATE	TIME	DATE TIME		COLLECTED BY	LAB SAMPLE
W	010	LAKESIDE WELL		0			1	10/18/2016	08:15	10/18/2016	14:00	M. DAUPHINE	502404040
W	014	CENTRAL WELL							00.10	10/10/2010	14.00	W. DAUPHINE	E93101816
W	012	WEST VILLAGE WEL	L	0			14	10/18/2016	13:30	10/18/2016	14:00	M. DAUPHINE	ABBY101816
T	009	LAKESIDE WELL (10	1 /	Α			3	10/18/2016	08:15	10/18/2016	14:00	M. DAUPHINE	8714101816
T	013	CENTRAL WELL (100									1 1.00	W. BAOTTINE	0714101616
T	011	WEST VILLAGE WEL	L (100 ft tap)	Α			1	10/18/2016	13:30	10/18/2016	14:00	M. DAUPHINE	F55101816
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	-												
T													
P San	ple Type, Lo	cation Code#, and DEP Appro	oved Sample Site Lo	cation must co	rrespond to the	e sample inform	mation on vo	ur DEP Total Coli	iform Samo	ling Plan			1
nple T	ype: RS-Rou	tine Distribution Sample RO-	Original Site Renea	tes and at the s	ame time as to	otal coliform, w) .		
port a	#/100 mL, F	(present) ,A (absent), or Too	Numerous To Cour	nt: TNTC-I (inva	alid) or TNTC-F	pownstream (epeal, AR-A	uditional Repeat,	RVV-Raw V	/ater, PT-Plant Ta	p, SS-Spe	cial Sample	
	rpropriate na	mber of repeat samples within	1 24 Hours of laboral	tory notification						epeat E.Coli or fee	cal positive	results by the end of the	business day.
matior	contained h	of law that I am the person au erein is true, accurate and con	thorized to fill out the plete to the best ex	nis form and the ktent of my kno	wledge.	Laborator	y Authori	zed Signatur	e and Date:	(11)	w. (10/20/11
FP F	Review St	atus:	red	ed Review Comme				wyg	0/20/16				

City/Town:

NORTH READING



Class: COM NTNC TNC



PWS ID #:

Massachusetts Department of Environmental Protection - Drinking Water Program **BACTERIOLOGICAL REPORT**

PWS Name: NORTH READING WATER DEPARTMENT

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#:				Primary L	_ab Name:	Subcontracted? (Y/N):									
Analysis Lab MA Cert.#: MA-005 Analysis Lab:						Andover Water Plant Lab									
☑ Origin	nal Report [Resubmitted F	Report Cor						ole Reanalysis						
	Method		Method	Fecal Co				L Resamp	Die 🔲 Realialysis	Нероп	Correction (2) C	ollection	Date of Original Sample:		
9223B			23B			HPC Method 9215B		Lab Sample Notes:							
DE	DEP APPROVED SAMPLE SITE INFO		ITE INFORM	ATION1				5/25/35/35	COLLECT	CION					
DEP Sample Type ^{1,3}	DEP Location Code #1	DEP Approved SAMPLE LOCATION ¹		TOTAL COLIFORM RESULT ^{4,5}		CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID#		
RS	001	THOMPSON	COUNTRY	CLUB	A			1	10/25/2016	12:15	10/25/2010	40.40			
RS	007	NORTH REA			A			2	10/25/2016	13:15	10/25/2016	13:40	M. DAUPHINE	B99102516	
RS	003	HOOD SCHO			A			1	10/25/2016	12:15 11:35	10/25/2016	13:40	M. DAUPHINE	WHH102516	
RS	004	CVS DRUGS	TORE		A			22	10/25/2016	10:55	10/25/2016	13:40	M. DAUPHINE	A26102516	
RS	005	HILLVIEW CO	OUNTRY CL	UB	A			2	10/25/2016	09:45	10/25/2016	13:40	M. DAUPHINE	KA6102516	
RS	006	TEMPLE OIL			A			3	10/25/2016	10:25	10/25/2016	13:40	M. DAUPHINE	77K102516	
RS	800	SWAN PONE	TANK		A			1	10/25/2016	12:50	10/25/2016	13:40	M. DAUPHINE	999102516	
									10/23/2010	12.50	10/25/2016	13:40	M. DAUPHINE	99A102516	
$\overline{}$															
Sample 1	ype: RS-Rou	(present) A (abo	ample, RO-Orig	inal Site Repea	t, UR-Upstream	Repeat, DR-D	Downstream Re	nenever chic epeat, AR-Ac	orine residual is <u>no</u> dditional Repeat,	ot detected RW-Raw W	at the sample site Vater, PT-Plant Ta	n SS-Sne	cial Sample		
certify un	der penalties	of law that I am the erein is true, accur	e nerson author	ized to fill out th	ic form and the		Laboratory	/ Authoria	zed Signatur	e and Date:	epeat E.Coli or fed	al positive	results by the end of the I	10/27/16	
DEP F	Review St	atus:	☐ Accepted	☐ Disapprov	ved	Review C	omments:					-	July 1		
				.1											

City/Town:

NORTH READING, MAS